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CONFIRMATION NO. 9372

SERIAL NUMBER 09/817,551	FILING DATE 03/26/2001 RULE	CLASS 135	GROUP ART UNIT 3635	ATTORNEY DOCKET NO. FEL07 P-300
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** CONTINUING DATA ***** *Yours*

** FOREIGN APPLICATIONS ***** *mine*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/31/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY MI	SHEETS DRAWING 10	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 6
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TITLE
 Collapsible shelter structure

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17.Fees (Processing Ext. of time)
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